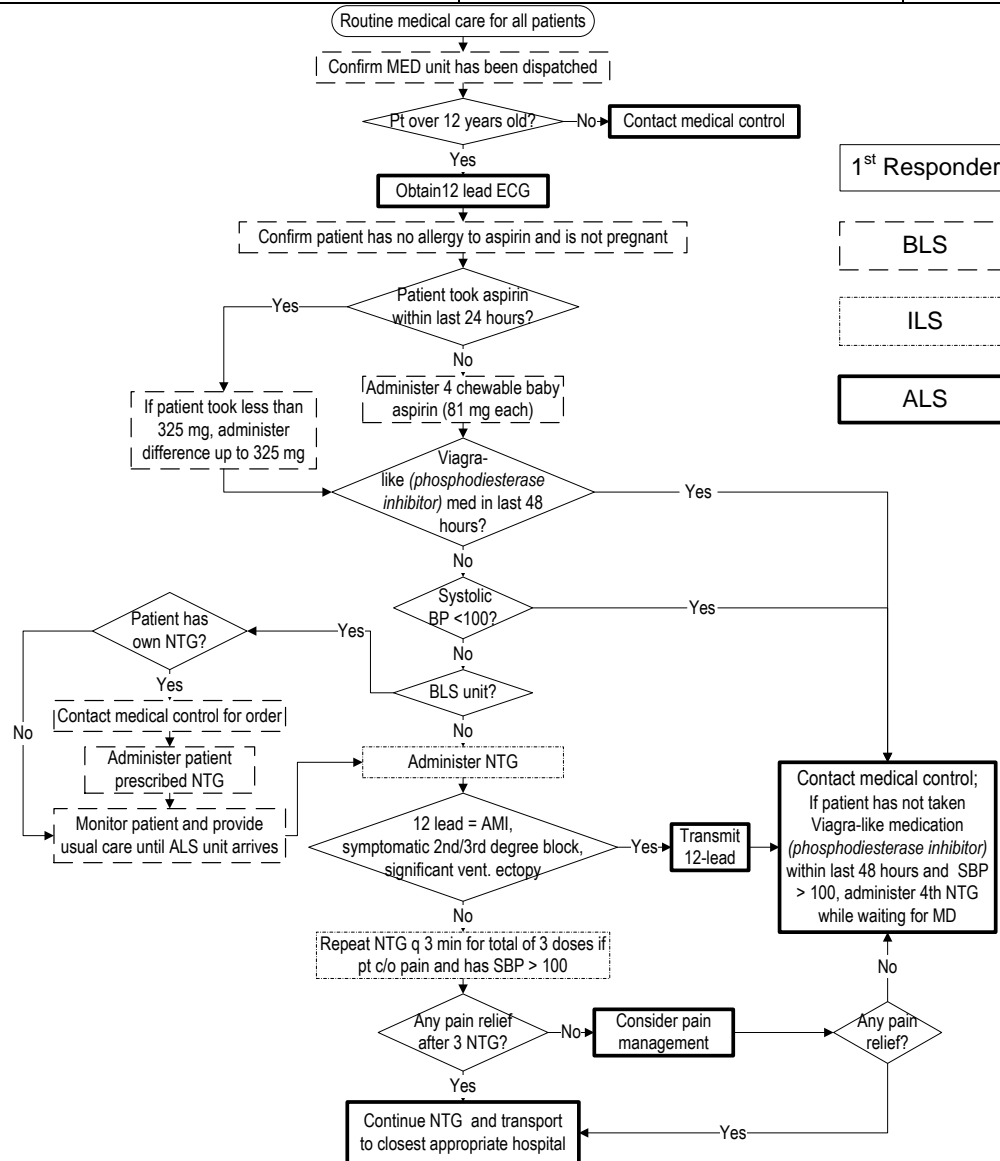


Initiated: 12/10/82
Reviewed/revised: 2/23/13
Revision: 23

**MILWAUKEE COUNTY EMS
MEDICAL PROTOCOL
ANGINA/MI**

Approved by: M. Riccardo Colella, DO, MPH, FACEP
WI EMS Approval Date: 6/22/11
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History:	Signs/Symptoms:	Working Assessment:
History of cardiac problems: bypass, cath, stent, CHF Hypertension Diabetes Positive family history Smoker Cocaine use within last 24 hours Available nitroglycerine prescribed for patient	Chest, jaw, left arm, epigastric pain Nausea Diaphoresis Shortness of breath Acute fatigue/ Generalized weakness Syncope Palpitations Abnormal rhythm strip: ectopy, BBB, new onset atrial fibrillation	Angina/MI



Notes:

- A pregnant patient with a 12-lead diagnostic of a STEMI should receive a full dose of aspirin (324 mg).
- BLS and ILS units must confirm that a MED unit is en route before administering medications.
- A 12-lead ECG should be done on all patients with a working assessment of Angina/MI, even if pain free.
- A 12-lead ECG should be done as soon as possible after treatment is started; standard is within ten minutes.
- If the patient's symptoms have been relieved but return, repeat 12-lead ECG and continue NTG every 3 minutes until the patient is pain free.
- An IV line should be established before, or as soon as possible, after administering NTG.
- If a patient experiences sudden hypotension (SBP < 90 mm Hg) after administration of NTG, begin administration of a 500 ml Normal Saline fluid bolus and contact medical control.